

CONTAINS NO CBI

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION 57

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [7][2] [2][2] [8][8]
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [0][2][6][9][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule _____

(ii) Name of mixture as listed in the rule _____

(iii) Trade name as listed in the rule _____

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule _____

CAS No. of chemical substance [][][][][][]-[][]-[]

Name of chemical substance _____

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer (2)

Processor 3

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

EPA-OTS



000667954.

90-89000599

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI
☐ Yes ☐ Go to question 1.04
☐ No ☒ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI
☐ Yes 1
☐ No 2

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI
Trade name Phlogrip 6000

☐ Is the trade name product a mixture? Circle the appropriate response.

Yes (1)

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI
☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

GREGORY M. WILLAMAN
NAME

Greg M. Willaman
SIGNATURE

08/07/89
DATE SIGNED

ADMINISTRATIVE ASSISTANT
TITLE

(616) 794 - 0700
TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You CBI ☐ are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	_____ DATE OF PREVIOUS SUBMISSION

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI ☐ "My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

1.09 Facility Identification

State Zip

Other SIC Code() () () ()

[P] [A] [1] [5] [1] [4] [7] -- ([] [] [] [])
State Zip

Employer ID Number[6][4][7][1][7][5][0][0]

6

1.11 Parent Company Identification

Коброй

CBI Name [R][O][B][E][R][T][I][N][D][U][S][T][R][I][E][S][][][][][][][][][][][][][][][][]

[illegible][illegible]

State Zip

Dun & Bradstreet Number[0][0]-[4][3][1]-[8][9][9][4]

1.12 Technical Contact

CBI Name [G][R][E][G][O][R][Y][][M][][W][I][L][L][A][M][A][M][][][][][][][][][][][]

[] Title [A][D][M][I][N][I][S][T][R][A][T][I][V][E][] [A][S][S][I][S][T][A][N][T][]

Address [5][0][0][][M][A][P][L][E][][S][T][R][E][E][][][][][][][][][][][][][][][][]
Street

[illegible]

(M) I State (4) 8 8 0 9 -- ([] [] [] []) Zip

Telephone Number[4][1][6]-[7][9][4]-[0][7][0][0]

1.13 This reporting year is from [0] [2] [8] [7] to [0] [6] [8] [8]
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

```
CBI Name of Seller ([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ])
[ ] Mailing Address ([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ])
                               Street
([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ])
                               City
                                ([ ] [ ]   [ ] [ ] [ ] [ ] [ ])--([ ] [ ] [ ] [ ])
                               State                        Zip
Employer ID Number .....([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ])
Date of Sale .....([ ] [ ]) ([ ] [ ] ) ([ ] [ ] )
                   Mo.      Day       Year
Contact Person ([ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ])
Telephone Number .....([ ] [ ] [ ])-([ ] [ ] [ ])-( [ ] [ ] [ ])
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CBI Name of Buyer []
[] Mailing Address []
Street
City
State Zip
Employer ID Number [] [] [] [] [] [] [] []
Date of Purchase [] [] [] [] [] []
Mo. Day Year
Contact Person []
Telephone Number [] [] [] - [] [] [] - [] [] []

8

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI Classification Quantity (kg/yr)

☐

Manufactured N/A

Imported125

Processed (include quantity repackaged) N/A

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year025

For on-site use or processing125

For direct commercial distribution (including export) N/A

In storage at the end of the reporting year025

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year N/A

Processed as a reactant (chemical producer) N/A

Processed as a formulation component (mixture producer) N/A

Processed as an article component (article producer) N/A

Repackaged (including export) N/A

In storage at the end of the reporting year N/A

☐ Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

- 1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% \pm 0.5%)
Toluene Diisocyanate	Ashland Chemical Co	15 \pm 0.1
Talc	Ashland Chemical Co	30 \pm 0.1
Isocyanate Polymer	Ashland Chemical Co	50 \pm .01
Methylene phenylene isocyanate oligomer	Ashland Chemical Co	5 \pm .01
		Total 100%

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending [0][6] [8][7]
Mo. Year

Quantity manufactured 0 kg

Quantity imported195 kg

Quantity processed 0 kg

Year ending [0][6] [8][6]
Mo. Year

Quantity manufactured 0 kg

Quantity imported370 kg

Quantity processed 0 kg

Year ending [0][6] [8][5]
Mo. Year

Quantity manufactured 0 kg

Quantity imported240 kg

Quantity processed 0 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

☐ Continuous process (1)

Semicontinuous process 2

Batch process 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process ①
Semicontinuous process 2
Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

☐ Manufacturing capacity NA kg/yr
Processing capacity OK kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

<input type="checkbox"/>	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	<u>N/A</u>	<u>0</u>	<u>N/A</u>
Amount of decrease	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

Days/Year Average
Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured	_____	_____
Processed	<u>240</u>	<u>8</u>

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured	_____	_____
Processed	_____	_____

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured	_____	_____
Processed	_____	_____

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Maximum daily inventory	<u>.050</u>	kg
Average monthly inventory	<u>.050</u>	kg

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify \pm % precision)</u>	<u>Source of Byproducts, Coproducts, or Impurities</u>
N/A				

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to ☐ the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
N/A			

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
N/A			

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³
N/A			

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

³Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers.

- ☐ Truck 1
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) _____ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
CBI or prepared by your customers during the reporting year for use under each category
of end use listed (i-iv).

☐

Category of End Use

i. Industrial Products

Chemical or mixture kg/yr

Article kg/yr

ii. Commercial Products

Chemical or mixture kg/yr

Article kg/yr

iii. Consumer Products

Chemical or mixture kg/yr

Article kg/yr

iv. Other

Distribution (excluding export) kg/yr

Export kg/yr

Quantity of substance consumed as reactant kg/yr

Unknown customer uses kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

- 3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.

<input type="checkbox"/> Source of Supply	Quantity (kg)	Average Price (\$/kg)
The listed substance was manufactured on-site.	<u>N/A</u>	<u>N/A</u>
The listed substance was transferred from a different company site.	<u>N/A</u>	<u>N/A</u>
The listed substance was purchased directly from a manufacturer or importer.	<u>.125</u>	<u>.000037</u>
The listed substance was purchased from a distributor or repackager.	<u>N/A</u>	<u>N/A</u>
The listed substance was purchased from a mixture producer.	<u>N/A</u>	<u>N/A</u>

- 3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

☐ Truck 1

Railcar 2

Barge, Vessel 3

Pipeline 4

Plane 5

Other (specify) _____ 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.
CBI

☐

Bags 1
Boxes 2
Free standing tank cylinders 3
Tank rail cars 4
Hopper cars 5
Tank trucks 6
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) 5 gallon Pails (10)

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders mmHg
Tank rail cars mmHg
Tank trucks mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

[]

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	Average <u>% Composition by Weight</u> (specify ± % precision)	Amount Processed (kg/yr)
Piling Rip 6000	Ashland Chemical Co.	15 I.OI	.125

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision)
Class I chemical	N/A	
Class II chemical	N/A	
Polymer	N/A	

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	_____ % purity	_____ % purity	_____ % purity
Technical grade #2	_____ % purity	_____ % purity	_____ % purity
Technical grade #3	_____ % purity	_____ % purity	_____ % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source (2)

☐ Mark (X) this box if you attach a continuation sheet.

MATERIAL SAFETY DATA SHEET

24-HOUR EMERGENCY TELEPHONE (606) 324-1133

DEFINITIONS

THIS DEFINITION PAGE IS INTENDED FOR USE WITH MATERIAL SAFETY DATA SHEETS SUPPLIED BY ASHLAND OIL, INC. AND ITS DIVISIONS. RECIPIENTS OF THESE DATA SHEETS SHOULD CONSULT THE OSHA SAFETY AND HEALTH STANDARDS (29 CFR 1910), PARTICULARLY SUBPART G - OCCUPATIONAL HEALTH AND ENVIRONMENTAL CONTROL, AND SUBPART I - PERSONAL PROTECTIVE EQUIPMENT, FOR GENERAL GUIDANCE ON CONTROL OF POTENTIAL OCCUPATIONAL HEALTH AND SAFETY HAZARDS.

SECTION I PRODUCT IDENTIFICATION

GENERAL OR GENERIC ID: CHEMICAL FAMILY OR PRODUCT DESCRIPTION.

DOT HAZARD CLASSIFICATION: PRODUCT MEETS DOT CRITERIA FOR HAZARDS LISTED.

SECTION II COMPONENTS

COMPONENTS ARE LISTED IN THIS SECTION IF THEY PRESENT A PHYSICAL OR HEALTH HAZARD AND ARE PRESENT AT OR ABOVE 1% IN THE MIXTURE. COMPONENTS IDENTIFIED AS CARCINOGENS BY NTP, IARC AND OSHA ARE LISTED AND FOOTNOTED IF THEY ARE PRESENT AT OR ABOVE 0.1% IN THE MIXTURE. OTHER COMPONENTS MAY BE LISTED IF DEEMED APPROPRIATE.

IDENTITIES OF COMPONENTS LISTED GENERALLY ARE DECLARED TRADE SECRET.

EXPOSURE RECOMMENDATIONS ARE FOR COMPONENTS. OSHA PERMISSIBLE EXPOSURE LIMITS (PELS) AND AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS (ACGIH) THRESHOLD LIMIT VALUES (TLVs) APPEAR ON THE LINE WITH THE COMPONENT IDENTIFICATION. OTHER RECOMMENDATIONS APPEAR AS FOOTNOTES.

SECTION III PHYSICAL DATA

BOILING POINT: OF PRODUCT IF KNOWN. THE LOWEST VALUE OF THE COMPONENTS IS LISTED FOR MIXTURES.

VAPOR PRESSURE: OF PRODUCT IF KNOWN. THE HIGHEST VALUE OF THE COMPONENTS IS LISTED FOR MIXTURES.

SPECIFIC VAPOR DENSITY: COMPARED TO AIR = 1. IF SPECIFIC VAPOR DENSITY OF PRODUCT IS NOT KNOWN, THE VALUE IS EXPRESSED AS LIGHTER OR HEAVIER THAN AIR.

SPECIFIC GRAVITY: COMPARED TO WATER = 1. IF SPECIFIC GRAVITY OF PRODUCT IS NOT KNOWN, THE VALUE IS EXPRESSED AS LESS THAN OR GREATER THAN WATER.

PH: IF APPLICABLE.

PERCENT VOLATILES: PERCENTAGE OF MATERIAL WITH INITIAL BOILING POINT BELOW 425 DEGREES FAHRENHEIT.

EVAPORATION RATE: INDICATED AS FASTER OR SLOWER THAN ETHYL ETHER, UNLESS OTHERWISE STATED.

SECTION IV FIRE AND EXPLOSION INFORMATION

FLASH POINT: METHOD IDENTIFIED.

EXPLOSION LIMITS: FOR PRODUCT IF KNOWN. THE LOWEST VALUE OF THE COMPONENTS IS LISTED FOR MIXTURES.

HAZARDOUS DECOMPOSITION PRODUCTS: KNOWN OR EXPECTED HAZARDOUS PRODUCTS RESULTING FROM HEATING, BURNING, OR OTHER REACTIONS.

EXTINGUISHING MEDIA: FOLLOWING NATIONAL FIRE PROTECTION ASSOCIATION CRITERIA.

ADDITIONAL COMMENTS

CONTAINERS SHOULD BE EITHER RECONDITIONED BY CERTIFIED FIRMS OR PROPERLY DISPOSED OF BY CERTIFIED FIRMS. DISPOSAL OF CONTAINERS SHOULD BE IN ACCORDANCE WITH APPLICABLE LAWS AND REGULATIONS. "EMPTY" DRUMS SHOULD NOT BE GIVEN TO INDIVIDUALS. SERIOUS ACCIDENTS HAVE RESULTED FROM THE MISUSE OF "EMPTIED" CONTAINERS (DRUMS, PAILS, ETC.). REFER TO SECTIONS IV AND IX.

SECTION IV (CONT.)

FIREFIGHTING PROCEDURES: MINIMUM EQUIPMENT TO PROTECT FIREFIGHTERS FROM TOXIC PRODUCTS OF VAPORIZATION, COMBUSTION OR DECOMPOSITION IN FIRE SITUATIONS. OTHER FIREFIGHTING HAZARDS MAY ALSO BE INDICATED.

SPECIAL FIRE AND EXPLOSION HAZARDS: STATES HAZARDS NOT COVERED BY OTHER SECTIONS.

NEPA CODES: HAZARD RATINGS ASSIGNED BY THE NATIONAL FIRE PROTECTION ASSOCIATION.

SECTION V HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LIMIT: FOR PRODUCT.

THRESHOLD LIMIT VALUE: FOR PRODUCT.

EFFECTS OF ACUTE OVEREXPOSURE: POTENTIAL LOCAL AND SYSTEMIC EFFECTS DUE TO SINGLE OR SHORT TERM OVEREXPOSURE TO THE EYES AND SKIN OR THROUGH INHALATION OR INGESTION.

EFFECTS OF CHRONIC OVEREXPOSURE: POTENTIAL LOCAL AND SYSTEMIC EFFECTS DUE TO REPEATED OR LONG TERM OVEREXPOSURE TO THE EYES AND SKIN OR THROUGH INHALATION OR INGESTION.

FIRST AID: PROCEDURES TO BE FOLLOWED WHEN DEALING WITH ACCIDENTAL OVEREXPOSURES.

PRIMARY ROUTE OF ENTRY: BASED ON PROPERTIES AND EXPECTED USE.

SECTION VI REACTIVITY DATA

HAZARDOUS POLYMERIZATION: CONDITIONS TO AVOID TO PREVENT HAZARDOUS POLYMERIZATION RESULTING IN A LARGE RELEASE OF ENERGY.

STABILITY: CONDITIONS TO AVOID TO PREVENT HAZARDOUS OR VIOLENT DECOMPOSITION.

INCOMPATIBILITY: MATERIALS AND CONDITIONS TO AVOID TO PREVENT HAZARDOUS REACTIONS.

SECTION VII SPILL OR LEAK PROCEDURES

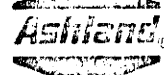
REASONABLE PRECAUTIONS TO BE TAKEN AND METHODS OF CONTAINMENT, CLEAN-UP AND DISPOSAL. CONSULT FEDERAL, STATE AND LOCAL REGULATIONS FOR ACCEPTED PROCEDURES AND ANY REPORTING OR NOTIFICATION REQUIREMENTS.

SECTION VIII PROTECTIVE EQUIPMENT TO BE USED

PROTECTIVE EQUIPMENT WHICH MAY BE NEEDED WHEN HANDLING THE PRODUCT.

SECTION IX SPECIAL PRECAUTIONS OR OTHER COMMENTS

COVERS ANY RELEVANT POINTS NOT PREVIOUSLY MENTIONED.



MATERIAL SAFETY DATA SHEET

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PLIOGRIP 6000

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THIS MSDS COMPLIES WITH 29 CFR 1910.1200 (THE HAZARD COMMUNICATION STANDARD)

PRODUCT NAME: PLIOGRIP 6000

ROBROY IND - BELDING DIV.
ATTN: GREG WILLAMAN
BELDING, MI 48809

05 86 012 9103639-370
DATA SHEET NO: 0171496-003
LATEST REVISION DATE: 10/85-85282
PRODUCT: REQST
INVOICE DATE: 01/29/86
TO:

SECTION I-PRODUCT IDENTIFICATION

GENERAL OR GENERIC ID: URETHANE PREPOLYMER
DOT HAZARD CLASSIFICATION: NOT APPLICABLE

SECTION II-COMPONENTS

INGREDIENT	% (BY WT)	PEL	TLV	NOTE
ISOCYANATE POLYMER	45-50			(1)
TALC	25-30	3	2 MG/M3	(2)
TOLUENE DIISOCYANATE	10-15	0.02	0.02 PPM - CEILING	
METHYLENEDIPHENYLENE ISOCYANATE OLIGOMER	5-10	0.02	0.02 PPM - CEILING	

(1): PEL/TLV NOT ESTABLISHED FOR THIS MATERIAL

(2): AS RESPIRABLE DUST. PEL REPRESENTS A CONVERSION FROM MPPCF TO MG/CUM.

SECTION III-PHYSICAL DATA

PROPERTY	REFINEMENT	MEASUREMENT
BOILING POINT	FOR COMPONENT (5-10 %)	406.00 DEG F (207.77 DEG C) 5.00 MMHG
VAPOR PRESSURE	FOR COMPONENT (10-15%)	< 0.01 MMHG (68.00 DEG F) (20.00 DEG C)
SPECIFIC VAPOR DENSITY		HEAVIER THAN AIR
SPECIFIC GRAVITY		1.320 (77.00 DEG F) (25.00 DEG C)
PERCENT VOLATILES		10-15%
EVAPORATION RATE		SLOWER THAN ETHER

SECTION IV-FIRE AND EXPLOSION INFORMATION

FLASH POINT (TOC) 270.00 DEG F
(132.22 DEG C)

EXPLOSIVE LIMIT (LOWEST VALUE OF COMPONENT) LOWER - .9%

EXTINGUISHING MEDIA: REGULAR FOAM OR WATER FOG OR CARBON DIOXIDE OR DRY CHEMICAL

HAZARDOUS DECOMPOSITION PRODUCTS: MAY FORM TOXIC MATERIALS: CARBON DIOXIDE AND CARBON MONOXIDE, VARIOUS HYDROCARBONS, NITROGEN COMPOUNDS, HYDROGEN CYANIDE, ETC.

FIREFIGHTING PROCEDURES: WEAR SELF-CONTAINED BREATHING APPARATUS WITH A FULL FACEPIECE OPERATED IN PRESSURE-DEMAND OR OTHER POSITIVE PRESSURE MODE AND FULL BODY PROTECTIVE CLOTHING WHEN FIGHTING FIRES.

WATER OR FOAM MAY CAUSE FROTHING WHICH CAN BE VIOLENT AND POSSIBLY ENDANGER THE LIFE OF THE FIREFIGHTER, ESPECIALLY IF SPRAYED INTO CONTAINERS OF HOT, BURNING LIQUID.

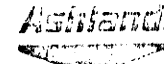
SPECIAL FIRE & EXPLOSION HAZARDS: NEVER USE WELDING OR CUTTING TORCH ON OR NEAR DRUM (EVEN EMPTY) BECAUSE PRODUCT (EVEN JUST RESIDUE) CAN IGNITE EXPLOSIVELY.

SECTION V-HEALTH HAZARD DATA

PERMISSIBLE EXPOSURE LEVEL: NOT ESTABLISHED FOR PRODUCT; SEE SECTION II AND SECTION IX.

EFFECTS OF ACUTE OVEREXPOSURE: FOR PRODUCT

EYES - CAN CAUSE SEVERE IRRITATION, REDNESS, TEARING, BLURRED VISION.
SKIN - CAN CAUSE REDDENING, IRRITATION, DERMATITIS, POSSIBLE SENSITIZATION.



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PLIOGRIP 6000

SECTION V-HEALTH HAZARD DATA (CONTINUED)

BREATHING - CAN CAUSE NASAL AND RESPIRATORY IRRITATION, TIGHTNESS OF CHEST, COUGHING, HEADACHE, AND SHORTNESS OF BREATH. CAN CAUSE ALLERGIC SENSITIZATION.
SWALLOWING - CAN CAUSE GASTROINTESTINAL IRRITATION, NAUSEA, VOMITING, AND DIARRHEA.

FIRST AID:

IF ON SKIN: THOROUGHLY WASH EXPOSED AREA WITH SOAP AND WATER. IF IRRITATION OR RASH DEVELOPS, GET MEDICAL ATTENTION. REMOVE CONTAMINATED CLOTHING. LAUNDER CONTAMINATED CLOTHING BEFORE RE-USE.
IF IN EYES: FLUSH WITH LARGE AMOUNTS OF WATER, LIFTING UPPER AND LOWER LIDS OCCASIONALLY, GET MEDICAL ATTENTION.
IF SWALLOWED: DO NOT INDUCE VOMITING. VOMITING WILL CAUSE FURTHER DAMAGE TO THE THROAT. DILUTE BY GIVING WATER. GIVE MILK OF MAGNESIA. KEEP WARM, QUIET. GET MEDICAL ATTENTION IMMEDIATELY.
IF BREATHED: IF AFFECTED, REMOVE INDIVIDUAL TO FRESH AIR. IF TIGHTNESS OR CONGESTION IN CHEST DEVELOPS, GET MEDICAL ATTENTION.

PRIMARY ROUTE(S) OF ENTRY:

INHALATION

SKIN CONTACT

EFFECTS OF CHRONIC OVEREXPOSURE: FOR PRODUCT

PROLONGED INHALATION OF TALC DUST IN HIGH CONCENTRATIONS CAN CAUSE PULMONARY FIBROSIS.

OVEREXPOSURE TO THIS MATERIAL (OR ITS COMPONENTS) HAS BEEN SUGGESTED AS A CAUSE OF THE FOLLOWING EFFECTS IN HUMANS: RESPIRATORY SENSITIZATION, SKIN SENSITIZATION

SECTION VI-REACTIVITY DATA

HAZARDOUS POLYMERIZATION: CAN OCCUR -- AVOID CONTACT WITH STRONG ALKALIES, STRONG MINERAL ACIDS, AND WATER.

STABILITY: STABLE

INCOMPATIBILITY: AVOID CONTACT WITH: STRONG ALKALIES, STRONG MINERAL ACIDS, WATER

SECTION VII-SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:

SMALL SPILL: ABSORB LIQUID ON PAPER, VERMICULITE, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND TRANSFER TO HOOD.

LARGE SPILL: PERSONS NOT WEARING PROTECTIVE EQUIPMENT SHOULD BE EXCLUDED FROM AREA OF SPILL UNTIL CLEAN-UP HAS BEEN COMPLETED. STOP SPILL AT SOURCE, DIKE AREA OF SPILL TO PREVENT SPREADING, PUMP LIQUID TO SALVAGE TANK. NEUTRALIZE SPILL WITH AN AQUEOUS SOLUTION OF AMMONIA. REMAINING LIQUID MAY BE TAKEN UP ON SAND, CLAY, EARTH, FLOOR ABSORBENT, OR OTHER ABSORBENT MATERIAL AND SHOVELED INTO CONTAINERS.

WASTE DISPOSAL METHOD:

SMALL SPILL: ALLOW VOLATILE PORTION TO EVAPORATE IN HOOD. ALLOW SUFFICIENT TIME FOR VAPORS TO COMPLETELY CLEAR HOOD DUCT WORK. DISPOSE OF REMAINING MATERIAL IN ACCORDANCE WITH APPLICABLE REGULATIONS.

LARGE SPILL: DESTROY BY LIQUID INCINERATION IN ACCORDANCE WITH APPLICABLE REGULATIONS. CONTAMINATED ABSORBENT MAY BE DEPOSITED IN A LANDFILL IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.

SECTION VIII-PROTECTIVE EQUIPMENT TO BE USED

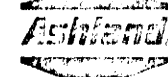
RESPIRATORY PROTECTION: IF TLV OF THE PRODUCT OR ANY COMPONENT IS EXCEEDED, A NIOSH/MSHA JOINTLY APPROVED AIR SUPPLIED RESPIRATOR IS ADVISED IN ABSENCE OF PROPER ENVIRONMENTAL CONTROL. OSHA REGULATIONS ALSO PERMIT OTHER NIOSH/MSHA RESPIRATORS UNDER SPECIFIED CONDITIONS. (SEE YOUR SAFETY EQUIPMENT SUPPLIER). ENGINEERING OR ADMINISTRATIVE CONTROLS SHOULD BE IMPLEMENTED TO REDUCE EXPOSURE.

VENTILATION: PROVIDE SUFFICIENT MECHANICAL (GENERAL AND/OR LOCAL EXHAUST) VENTILATION TO MAINTAIN EXPOSURE BELOW TLV(S).

PROTECTIVE GLOVES: WEAR RESISTANT GLOVES SUCH AS: NATURAL RUBBER, POLYVINYL ALCOHOL

EYE PROTECTION: CHEMICAL SPLASH GOGGLES IN COMPLIANCE WITH OSHA REGULATIONS ARE ADVISED; HOWEVER, OSHA REGULATIONS ALSO PERMIT OTHER TYPE SAFETY GLASSES. (CONSULT YOUR SAFETY EQUIPMENT SUPPLIER)

OTHER PROTECTIVE EQUIPMENT: TO PREVENT REPEATED OR PROLONGED SKIN CONTACT, WEAR IMPERVIOUS CLOTHING AND BOOTS.

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SECTION IX-SPECIAL PRECAUTIONS OR OTHER COMMENTS

CONTAINERS OF THIS MATERIAL MAY BE HAZARDOUS WHEN EMPTIED. SINCE EMPTIED CONTAINERS RETAIN PRODUCT RESIDUES (VAPOR, LIQUID, AND/OR SOLID), ALL HAZARD PRECAUTIONS GIVEN IN THIS DATASHEET MUST BE OBSERVED.

EXPOSURE TO AEROSOLS AND MISTS WHEN MATERIAL IS SPRAYED MAY PRESENT A GREATER RISK OF INJURY FROM COMPONENTS BECAUSE HIGHER CONCENTRATIONS ARE IN THE ATMOSPHERE THAN RESULT FROM VAPOR ALONE. PROVIDE ADEQUATE VENTILATION AND IF NECESSARY, USE RESPIRATORY PROTECTION.

OVEREXPOSURE TO COMPONENTS HAS BEEN SUGGESTED AS A CAUSE OF THE FOLLOWING EFFECTS IN HUMANS: RESPIRATORY SENSITIZATION, SKIN SENSITIZATION, LUNG DAMAGE

THE INFORMATION ACCUMULATED HEREIN IS BELIEVED TO BE ACCURATE BUT IS NOT WARRANTED TO BE WHETHER ORIGINATING WITH THE COMPANY OR NOT. RECIPIENTS ARE ADVISED TO CONFIRM IN ADVANCE OF NEED THAT THE INFORMATION IS CURRENT, APPLICABLE, AND SUITABLE TO THEIR CIRCUMSTANCES.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1
 No (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[]

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	(3)	4	5
Process	1	2	3	4	5
Store	1	2	3	4	5
Dispose	1	2	(3)	4	5
Transport	1	2	3	4	5

[] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

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Physical State		<u>Manufacture</u>	<u>Import</u>	<u>Process</u>	<u>Store</u>	<u>Dispose</u>	<u>Transport</u>
Dust	<1 micron		<u>UK</u>			<u>UK</u>	
	1 to <5 microns						
	5 to <10 microns						
Powder	<1 micron		<u>UK</u>			<u>UK</u>	
	1 to <5 microns						
	5 to <10 microns						
Fiber	<1 micron		<u>UK</u>			<u>UK</u>	
	1 to <5 microns						
	5 to <10 microns						
Aerosol	<1 micron		<u>UK</u>			<u>UK</u>	
	1 to <5 microns						
	5 to <10 microns						

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) UK (1/M cm) at UK nm
Reaction quantum yield, ϕ UK at UK nm
Direct photolysis rate constant, k_p , at ... UK 1/hr UK latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} UK 1/M hr
For RO_2 (peroxy radical), k_{ox} UK 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... UK mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... UK 1/hr
Specify culture UK

e. Hydrolysis rate constants:

For base-promoted process, k_B UK 1/M hr
For acid-promoted process, k_A UK 1/M hr
For neutral process, k_N UK 1/hr

f. Chemical reduction rate (specify conditions) UK

g. Other (such as spontaneous degradation) ... UK

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	<u>UK</u>
Atmosphere	<u>UK</u>
Surface water	<u>UK</u>
Soil	<u>UK</u>

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
<u>N/A</u>			in
			in
			in
			in

5.03 Specify the octanol-water partition coefficient, K_{ow} ... UK at 25°C
Method of calculation or determination

5.04 Specify the soil-water partition coefficient, K_d UK at 25°C
Soil type

5.05 Specify the organic carbon-water partition coefficient, K_{oc} UK at 25°C

5.06 Specify the Henry's Law Constant, H UK atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

<u>Bioconcentration Factor</u>	<u>Species</u>	<u>Test</u> ¹
<u>UK</u>		

¹Use the following codes to designate the type of test:

F = Flowthrough
S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales	N/A	N/A
Distribution -- Wholesalers	N/A	N/A
Distribution -- Retailers	N/A	N/A
Intra-company transfer	N/A	N/A
Repackagers	N/A	N/A
Mixture producers	N/A	N/A
Article producers	N/A	N/A
Other chemical manufacturers or processors	N/A	N/A
Exporters	N/A	N/A
Other (specify)	N/A	N/A
	N/A	N/A

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

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<u>Substitute</u>	<u>Cost (\$/kg)</u>
UK	

☐ Mark (X) this box if you attach a continuation sheet.

6.06 State your average total and variable costs of manufacturing, importing, and processing the listed substance during the reporting year. (For an explanation of these costs, refer to the instructions.)

☐

Average Total Costs

Manufacturing	<u>N/A</u>	\$/kg
Importing	<u>N/A</u>	\$/kg
Processing	<u>N/A</u>	\$/kg

Average Variable Costs

Manufacturing	<u>N/A</u>	\$/kg
Importing	<u>N/A</u>	\$/kg
Processing	<u>N/A</u>	\$/kg

6.07 State your average purchase price of the listed substance, if purchased as a raw material during the reporting year.

CBI

☐ Average purchase price000037 \$/kg

6.08 State your company's total sales and sales of the listed substance sold in bulk for the reporting year.

☐

Year ending ☐☐ Mo. ☐☐ Year

Company's total sales (\$) N/A

Sales of listed substance (\$) N/A

☐ Mark (X) this box if you attach a continuation sheet.

6.09 State your company's total sales and sales of the listed substance sold in bulk for the corporate fiscal year preceding the reporting year. (Refer to the instructions for question 6.08 for the methodology used to answer this question.)

☐

Year ending
Mo. Year

Company's total sales (\$) N/A

Sales of listed substance (\$) N/A

6.10 State your company's total sales and sales of the listed substance sold in bulk for the 2 corporate fiscal years preceding the reporting year in descending order. (Refer to the instructions for question 6.08 for the methodology used to answer this question.)

☐

Year ending
Mo. Year

Company's total sales (\$) N/A

Sales of listed substance (\$) N/A

Year ending
Mo. Year

Company's total sales (\$) N/A

Sales of listed substance (\$) N/A

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type N/A

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type N/A

<u>Process Stream ID Code</u>	<u>Process Stream Description</u>	<u>Physical State¹</u>	<u>Stream Flow (kg/yr)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

²Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type N/A

☐ Mark (X) this box if you attach a continuation sheet.

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

[illegible]

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>	<u>N/A</u>	
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>	_____	_____
<u>2</u>	_____	_____
<u>3</u>	_____	_____
<u>4</u>	_____	_____
<u>5</u>	_____	_____
<u>6</u>	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

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[illegible]

²Use the codes provided in Exhibit 8-2 to designate the management methods

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8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1	N/A					
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1
 No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Air Pollution Control Device ¹	Types of Emissions Data Available
1	N/A	
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1
 No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)
 E = Electrostatic precipitator
 O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

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Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Age at hire	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Work history of individual before employment at your facility	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Sex	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Race	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Job titles	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Start date for each job title	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
End date for each job title	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Work area industrial hygiene monitoring data	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Personal employee monitoring data	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Employee medical history	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Employee smoking history	<u>N/A</u>	<u>N/A</u>	<u>1978</u>	<u>10</u>
Accident history	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Retirement date	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Termination date	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Vital status of retirees	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>
Cause of death data	<u>X</u>	<u>X</u>	<u>1978</u>	<u>10</u>

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
Activity	Process Category	Yearly Quantity (kg)	Total Workers	Total Worker-Hours
Manufacture of the listed substance	Enclosed	N/A	N/A	N/A
	Controlled Release	N/A	N/A	N/A
	Open	N/A	N/A	N/A
On-site use as reactant	Enclosed	UK	UK	UK
	Controlled Release	UK	UK	UK
	Open	UK	UK	UK
On-site use as nonreactant	Enclosed	N/A	N/A	N/A
	Controlled Release	N/A	N/A	N/A
	Open	N/A	N/A	N/A
On-site preparation of products	Enclosed	N/A	N/A	N/A
	Controlled Release	N/A	N/A	N/A
	Open	N/A	N/A	N/A

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

Foreman

B

QC Inspector

C

Bonding operator

D

Lab Tech

E

Engineering

F

G

H

I

J

☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐

Process type

N/A

☐

Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type _____

Work Area ID

Description of Work Areas and Worker Activities

1

Bonding Area

2

3

4

5

6

7

8

9

10

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type

Work area

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
<u>A</u>	<u>1</u>	<u>Air</u>	<u>GU</u>	<u>C</u>	<u>240</u>
<u>B</u>	<u>1</u>	<u>Air</u>	<u>GU</u>	<u>A</u>	<u>240</u>
<u>C</u>	<u>2</u>	<u>Air</u>	<u>GU</u>	<u>E</u>	<u>240</u>
<u>D</u>	<u>1</u>	<u>Air</u>	<u>GU</u>	<u>A</u>	<u>240</u>
<u>E</u>	<u>1</u>	<u>Air</u>	<u>GU</u>	<u>A</u>	<u>240</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)	SY = Sludge or slurry
GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)	AL = Aqueous liquid
SO = Solid	OL = Organic liquid
	IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less	D = Greater than 2 hours, but not exceeding 4 hours
B = Greater than 15 minutes, but not exceeding 1 hour	E = Greater than 4 hours, but not exceeding 8 hours
C = Greater than one hour, but not exceeding 2 hours	F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type uk

Work area

<u>Labor Category</u>	<u>8-hour TWA Exposure Level</u> <u>(ppm, mg/m³, other-specify)</u>	<u>15-Minute Peak Exposure Level</u> <u>(ppm, mg/m³, other-specify)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

<u>Sample/Test</u>	<u>Work Area ID</u>	<u>Testing Frequency (per year)</u>	<u>Number of Samples (per test)</u>	<u>Who Samples¹</u>	<u>Analyzed In-House (Y/N)</u>	<u>Number of Years Records Maintained</u>
Personal breathing zone	_____	_____	_____	_____	_____	_____
General work area (air)	_____	_____	_____	_____	_____	_____
Wipe samples	_____	_____	_____	_____	_____	_____
Adhesive patches	_____	_____	_____	_____	_____	_____
Blood samples	_____	_____	_____	_____	_____	_____
Urine samples	_____	_____	_____	_____	_____	_____
Respiratory samples	_____	_____	_____	_____	_____	_____
Allergy tests	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist
B = Insurance carrier
C = OSHA consultant
D = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

<input type="checkbox"/> Sample Type	<u>Sampling and Analytical Methodology</u>

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

<input type="checkbox"/> Equipment Type ¹	<u>Detection Limit²</u>	<u>Manufacturer</u>	<u>Averaging Time (hr)</u>	<u>Model Number</u>

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter (μ/m^3)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

☐

Test Description

Frequency
(weekly, monthly, yearly, etc.)

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type

Work area

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>N</u>	<hr/>	<hr/>	<hr/>
General dilution	<u>N</u>	<hr/>	<hr/>	<hr/>
Other (specify) <hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Vessel emission controls	<u>N</u>	<hr/>	<hr/>	<hr/>
Mechanical loading or packaging equipment	<u>N</u>	<hr/>	<hr/>	<hr/>
Other (specify) <hr/>	<hr/>	<hr/>	<hr/>	<hr/>

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type N/A

Work area

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type

Work area

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<hr/>
Safety goggles/glasses	<hr/>
Face shields	<hr/>
Coveralls	<hr/>
Bib aprons	<hr/>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

[] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type N/A

<u>Work Area</u>	<u>Respirator Type</u>	<u>Average Usage¹</u>	<u>Fit Tested (Y/N)</u>	<u>Type of Fit Test²</u>	<u>Frequency of Fit Tests (per year)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

¹Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type _____

Work area _____

TRAINING PROGRAMS
AUTHORIZE WORKERS SIGNS

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type N/A

Work area _____

<u>Housekeeping Tasks</u>	<u>Less Than Once Per Day</u>	<u>1-2 Times Per Day</u>	<u>3-4 Times Per Day</u>	<u>More Than 4 Times Per Day</u>
Sweeping	_____	_____	_____	_____
Vacuuming	_____	_____	_____	_____
Water flushing of floors	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes 1

No (2)

Emergency exposure

Yes 1

No (2)

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No (2)

If yes, where are copies of the plan maintained? FOREMAN'S OFFICE

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes (1)

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier (2)

OSHA consultant 3

Other (specify) _____ 4

☐ Mark (X) this box if you attach a continuation sheet.

9.24 Who is responsible for safety and health training at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) Foreman 4

9.25 Who is responsible for the medical program at your facility? Circle the appropriate response.

Plant physician 1

Consulting physician 2

Plant nurse 3

Consulting nurse 4

Other (specify) _____ 5

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area 1
- Urban area 2
- Residential area 3
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway 7
- Within 1 mile of a school, university, hospital, or nursing home facility 8
- Within 1 mile of a non-navigable waterway 9
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 43° 6' 30"

Longitude 85° 14' 0"

UTM coordinates Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation inches/year

Predominant wind direction

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

☐

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	<u>NA</u>	<u>NA</u>	<u>NA</u>
Importing	<u>NA</u>	<u>NA</u>	<u>NA</u>
Processing	<u>NA</u>	<u>NA</u>	<u>NA</u>
Otherwise used	<u>NA</u>	<u>NA</u>	<u>NA</u>
Product or residual storage	<u>NA</u>	<u>NA</u>	<u>NA</u>
Disposal	<u>NA</u>	<u>NA</u>	<u>NA</u>
Transport	<u>NA</u>	<u>NA</u>	<u>NA</u>

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐

Quantity discharged to the air	<u>N/A</u>	kg/yr ± ____ %
Quantity discharged in wastewaters	<u>N/A</u>	kg/yr ± ____ %
Quantity managed as other waste in on-site treatment, storage, or disposal units	<u>N/A</u>	kg/yr ± ____ %
Quantity managed as other waste in off-site treatment, storage, or disposal units	<u>N/A</u>	kg/yr ± ____ %

☐ Mark (X) this box if you attach a continuation sheet.

10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

Point	Source
ID	Code
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

[illegible][illegible]

113

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

Point Source ID Code	Physical State ¹	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor ⁴	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
N/A								

¹Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor — Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[]

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m) ¹	Building Width(m) ²	Vent, Type ³
N/A							

¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

[] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09.
Photocopy this question and complete it separately for each emission point source.

CBI

☐

Point source ID code N/A

Size Range (microns)

Mass Fraction (% ± % precision)

< 1

≥ 1 to < 10

≥ 10 to < 30

≥ 30 to < 50

≥ 50 to < 100

≥ 100 to < 500

≥ 500

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type N/A
 Percentage of time per year that the listed substance is exposed to this process type %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals ¹						
Packed						
Mechanical						
Double mechanical ²						
Compressor seals ¹						
Flanges						
Valves						
Gas ³						
Liquid						
Pressure relief devices ⁴ (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines ⁵ (e.g., purge, vent)						
Gas						
Liquid						

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

²If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³ Conditions existing in the valve during normal operation

⁴ Report all pressure relief devices in service, including those equipped with control devices

⁵ Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

[]

[illegible]

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions.

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type N/A

Equipment Type	Leak Detection Concentration (ppm or mg/m ³)	Detection Device ¹	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
	Measured at Inches from Source				
Pump seals					
Packed					
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI



Vessel Type ¹	Floating Roof Seals ²	Composition of Stored Materials ³	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Vessel Volume (l)	Operat- ing Vessel Emission Controls ⁴	Design Flow Rate ⁵	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶
N/A													

¹Use the following codes to designate vessel type:

F = Fixed roof
 CIF = Contact internal floating roof
 NCIF = Noncontact internal floating roof
 EFR = External floating roof
 P = Pressure vessel (indicate pressure rating)
 H = Horizontal
 U = Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
 MS2 = Shoe-mounted secondary
 MS2R = Rim-mounted, secondary
 LM1 = Liquid-mounted resilient filled seal, primary
 LM2 = Rim-mounted shield
 LMW = Weather shield
 VM1 = Vapor mounted resilient filled seal, primary
 VM2 = Rim-mounted secondary
 VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
 S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

<u>Release</u>	<u>Date Started</u>	<u>Time (am/pm)</u>	<u>Date Stopped</u>	<u>Time (am/pm)</u>
<u>1</u>	<u>N/A</u>	<u> </u>	<u> </u>	<u> </u>
<u>2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>5</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>6</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

10.24 Specify the weather conditions at the time of each release.

<u>Release</u>	<u>Wind Speed (km/hr)</u>	<u>Wind Direction</u>	<u>Humidity (%)</u>	<u>Temperature (°C)</u>	<u>Precipitation (Y/N)</u>
<u>1</u>	<u>N/A</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>3</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>4</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>5</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>6</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

APPENDIX I: List of Continuation Sheets

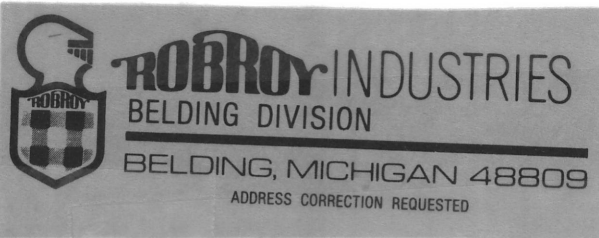
Attach continuation sheets for sections of this form and optional information after this page. In column 1, clearly identify the continuation sheet by listing the question number to which it relates. In column 2, enter the inclusive page numbers of the continuation sheet for each question number.

Question Number
(1)

Continuation
Sheet
Page Numbers
(2)

N/A

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